Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 20	08210				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Cand	lidate or L	obbyist:		COM	1МІТ	TEE	TO REELE	CT FR	ANK	BURNS		•				
Street Address:	1654 WILL	IAM PENN	AVE														
City:	JOHNSTOW	N						State:	PA			Zip Code: 15909					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	Y PRI	<u>-</u> !	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	\	
report type)	ANNUAL REPO	₹ Т 7.	Year 2020					NG METHO				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Candi	date:						DATE O	F ELE	CTIO	N	District Office Party Code Number Code				County Code	
								МО	DAY	YE	AR			DEM	1	11	
								11		3	2020		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAF	t		_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			3 10	2	020	Т	<u> </u>	5	:	18	2020						
A. Amount Bro	ught Forward Fi	om Last P	Report				\$			107,0	74.08						
B. Total Monet	ary Contribution	s And Rec	ceipts (From	Sche	dule	· I)	\$				13.24						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			107,0)87.32						
D. Total Expen	ditures (From S	chedule II	II)				\$			1,0	04.53						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$		-	106,0	82.79						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV	')			\$			5	00.00			1			
				AFF	IDA	١٧٢	T SE	CTION									
PART I - If this is	s a Committee r	eport, trea	asurer sign	here.	If thi	is is	a Car	ndidate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding the	e attached scl	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me t	:his	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	- Sian						- -					Prin	ted Nam	e			
My Commission Ex	-	ature										Ema	il				
	мо	D	AY	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nui	mber		
Part II- If this is	a report of a ca	andidate's	authorized	Comr	nitte	e, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me th	ıis									Si	ignature o	of Candid	ate			
	day of 						_					Drinto	d Name				
	Signatu						-										
My Commission Exp	_											Ema	il	_			
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
COMMITTEE TO REELECT FRANK BURNS	From:	3/10/20	<u>20</u> To:	5/18/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	13.24
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	13.24

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

(Exclude cont		om pontic	car commi			Jorteu	in raic	~ <i>)</i>		
Name of Filing Committee or Cand	idate			Repo	orting P	eriod				
				From	1:		To) :		
			•			DATE			AMOUNT	,
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0	0.00
City	State	Zip (Code (Plus 4)							
									PAGE TOTAL	L

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Repo	eporting Period						
				Fron	n:			To:			
					D	ATE			Al	MOUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Z	Zip Cod	e (Plus 4)	l
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	nary Page,	Section	on 3.				P	AGE TOTA	L
								\$		0	.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

COMMITTEE TO REELECT FRANK BURNS			From:		3/10/202	<u>0</u> To:	<u>5/18/</u>	<u>2020</u>
				D	ATE		AMOUN	Т
Full Name SLOVENIAN SAVINGS & LOAN				мо	DAY	YEAR	\$	3.87
- The content was the	State PA	Zip Code (F 15909	Plus 4)	3	18	2020		
Receipt Description INTEREST INCOM	E							
Full Name SLOVENIAN SAVINGS & LOAN Mailing Address				МО	DAY 15	YEAR	\$	4.61
City	State	Zip Code (F	Plus 4)	4	15	2020		
Receipt Description INTEREST INCOM	E						•	
Full Name SLOVENIAN SAVINGS & LOAN				МО	DAY	YEAR	\$	4.76
Mailing Address City	State	Zip Code (F	Plus 4)	5	15	2020		
Receipt Description INTEREST INCOM	E							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$13.24

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	d	
COMMITTEE TO REELECT FRANK BURNS	From:	<u>3/10/2020</u> To:	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
COMMITTEE TO REELECT FRANK BURNS	From	3/10/2020	То:	<u>5/18/2020</u>			

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
POST MASTER								
Mailing Address 111 FRANKLIN ST			3	18	2020	\$	15.20	
City JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15901	REPORT	FILING M	AILING			
To Whom Paid			мо	DAY	YEAR			
FOXES PIZZA			MO	DAT	TEAR			
Mailing Address 1104 W. HIGH ST.			3	20	2020	\$	50.00	
City EBENSBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15931	PRIZES					
To Whom Paid			мо	DAY	YEAR			
EVERYDAY GOURMET			MO	DAT	TEAR			
Mailing Address 204 W. HIGH ST			3	20	2020	\$	50.00	
ity EBENSBURG State Zip Code (Plus 4)				tion of Exp	enditure			
	PA	15931	PRIZES					
To Whom Paid				DAY	VEAD			
CLARK POWELLS			МО	DAY	YEAR			
Mailing Address 125 S. CENTER ST.			3	20	2020	\$	50.00	
City EBENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı		
	PA	15931	PRIZES					
To Whom Paid				DAY	VEAD			
PREMO'S			МО	DAY	YEAR			
Mailing Address 207 W. HIGH ST.			3	20	2020	\$	50.00	
City EBENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I		
	PA	15931	PRIZES					
To Whom Paid			МС	DAY	VEAD			
DOMINICK'S			МО	DAY	YEAR			
Mailing Address 807 W HIGH ST.			3	20	2020	\$	25.00	
City EBENSBURG State Zip Code (Plus 4)			Description of Expenditure					
	PA	15931	PRIZES					

								,	AGL 12		
To Wh	om Paid				МО	DAY	YEAR				
OLDE KEG											
Mailin	g Address	623 MAIN ST			3	20	2020	\$	25.00		
City	PORTAGE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			PA	15946	PRIZES						
To Wh	om Paid				МО	DAY	YEAR				
MAZZ	'S PIZZA										
Mailing Address 709 MAIN ST.					3	20	2020	\$	25.00		
City	PORTAGE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			PA	15946	PRIZES						
To Wh	om Paid				МО	DAY	YEAR				
CUSTI	R'S MARKE	Γ									
Mailing Address 512 MAIN ST.					3	20	2020	\$	25.00		
City	PORTAGE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			PA	15946	PRIZES						
To Wh	om Paid				МО	DAY	YEAR				
CRES	SON SPRING	S									
Mailing Address 7563 ADMIRAL PEARY HWY					3	20	2020	\$	25.00		
City	CRESSON State Zip Code (Plus 4)			Description of Expenditure							
		PA 16630				PRIZES					
To Whom Paid					МО	DAY	YEAR				
TRE R	AGGZZI										
Mailin	g Address	709 FRONT ST.			3	20	2020	\$	25.00		
City	CRESSON	CRESSON State Zip Code (P			Description of Expenditure						
			PA	16630	PRIZES						
To Wh	om Paid				МО	DAY	YEAR				
VITO'	S PIZZA										
Mailin	g Address	617 FRONT ST			3	20	2020	\$	25.00		
City	CRESSON		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			PA	16630	PRIZES						
To Wh	om Paid				МО	DAY	YEAR				
FRANK BURNS											
Mailing Address 1654 WM PENN AVE						15	2020	\$	614.33		
	JOHNSTOV	VN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
City		PA 15									
City			PA	15909	REIMBU	RSEMENT	FOR FAC	EBOOK A	ADS		
		al of Expenditures o	·	•		RSEMENT	FOR FAC	EBOOK A	PAGE TOTAL		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period					
COMMITTEE TO REELECT FRANK BURNS	From:	3/10/2020 To:			5/18/2020				
					DATE			tstanding ance of Debt	
Name of Creditor FRANK BURNS		мо	DAY	YEAR					
FRAIN BURINS									
Mailing Address 1654 WM PENN AVE					\$	500.00			
City JOHNSTOWN	State	Zip Code (P	lus 4)	(4) Description of Debt					
	PA	15909							
		PAGE TOTAL							
Enter Grand Total of Unpaid Debt	\$	500.00							